

VISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-017516

FILED VS APR 18 1960

2 3793

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis MO</i>		c. CITY OR TOWN <i>St. Louis</i>	
Length of stay in 1b		d. STREET ADDRESS (If outside, give location)	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>HLK 21st + MARKET</i>		e. STREET ADDRESS <i>HLK 2344 Pine</i>	

3. NAME OF DECEASED (Type or print) First Middle Last <i>HLK Frank Jackson</i>			4. DATE OF DEATH Month Day Year <i>3 6 60</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <input checked="" type="checkbox"/>	9. AGE (last birthday) <i>60-50</i>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>HLK shoe shiner HLK</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>HLK</i>		11. BIRTHPLACE (City and state or country) <i>HLK</i>	
12. CITIZEN OF WHAT COUNTRY		13a. FATHER'S NAME <i>HLK</i>		13b. MOTHER'S MAIDEN NAME <i>HLK</i>	
14. NAME OF HUSBAND OR WIFE <i>HLK</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or series of service) <i>HLK</i>		16. SOCIAL SECURITY NO. <i>HLK</i>	
17. INFORMANT <i>F.O. Taylor</i>		Address <i>1300 Clark</i>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	<i>Coronary Occlusion</i>
	DUE TO (c)	<i>Coronary Sclerosis</i>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <i>420-1</i>	
		<input type="checkbox"/> Yes <input type="checkbox"/> N- <input type="checkbox"/> Unknown	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE

21. I attended the deceased from *5th* to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Paul J. Simon</i> (Degree or Title) <i>Deputy Coroner</i>	22b. ADDRESS <i>1300 Clark</i>	22c. DATE SIGNED <i>4/7/60</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>	23b. DATE <i>4-6-60</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Greenwood Cemetery</i>
23d. LOCATION (City, town, or county) <i>St. Louis Co., Mo.</i>		

24. FUNERAL DIRECTOR <i>Peoples Und.Co.</i> ADDRESS <i>3100 Franklin Ave.</i>	25. DATE RECD. BY LOCAL REG. <i>APR 5 1960</i>	26. REGISTRAR'S SIGNATURE <i>Ed Smith, M.D.</i>
---	--	---

MEDICAL CERTIFICATION

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

**NOT EMBALMED      BURIED BY CITY**

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.